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Binde, Per; Christensen, Darren; Delfabbro, Paul; Dixon, Mike;
Euston, David; Gainsbury, Sally; Hodgins, David; Johnson, Mark;
Kairouz, Sylvia; Kim, Hyoun S. (Andrew)...

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conference paper

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Mental Health and Substance Use Disorders in Gambling Disorder: What does it mean for treatment?

David Hodgins

Alberta Gambling Research Institute

Banff, April 2018

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Comorbidity

- Presence of mental health or substance use disorder, either concurrently or sequentially
- Concurrent Disorders
- Dual Diagnosis
- Multiple comorbidity
- Community versus treatment samples

Scoping Review



International Gambling Studies

ISSN: 1445-9795 (Print) 1479-4276 (Online) Journal homepage: <http://www.tandfonline.com/loi/rigs20>

A scoping review of co-morbidity in individuals with disordered gambling

Igor Yakovenko & David C. Hodgins

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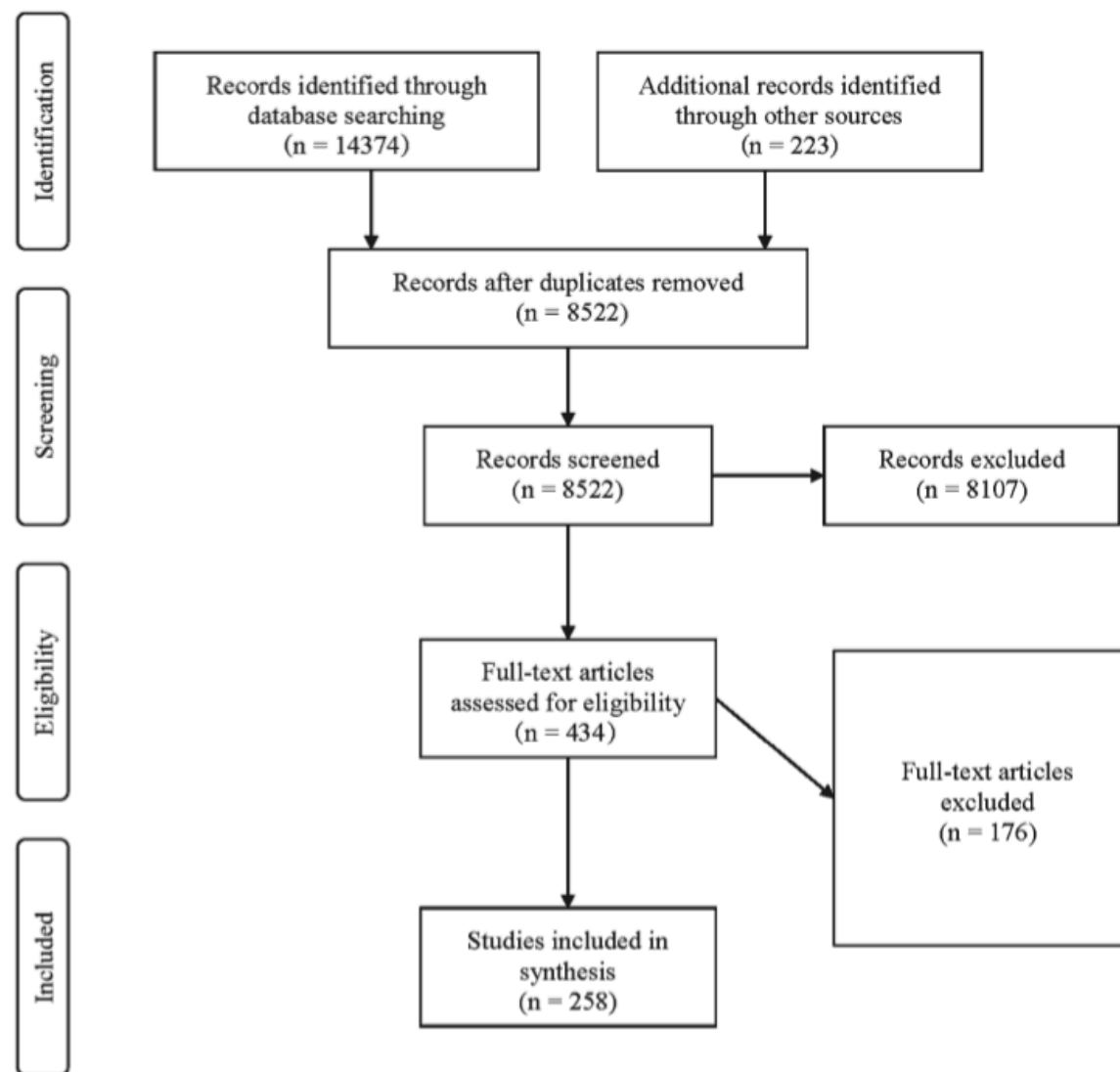
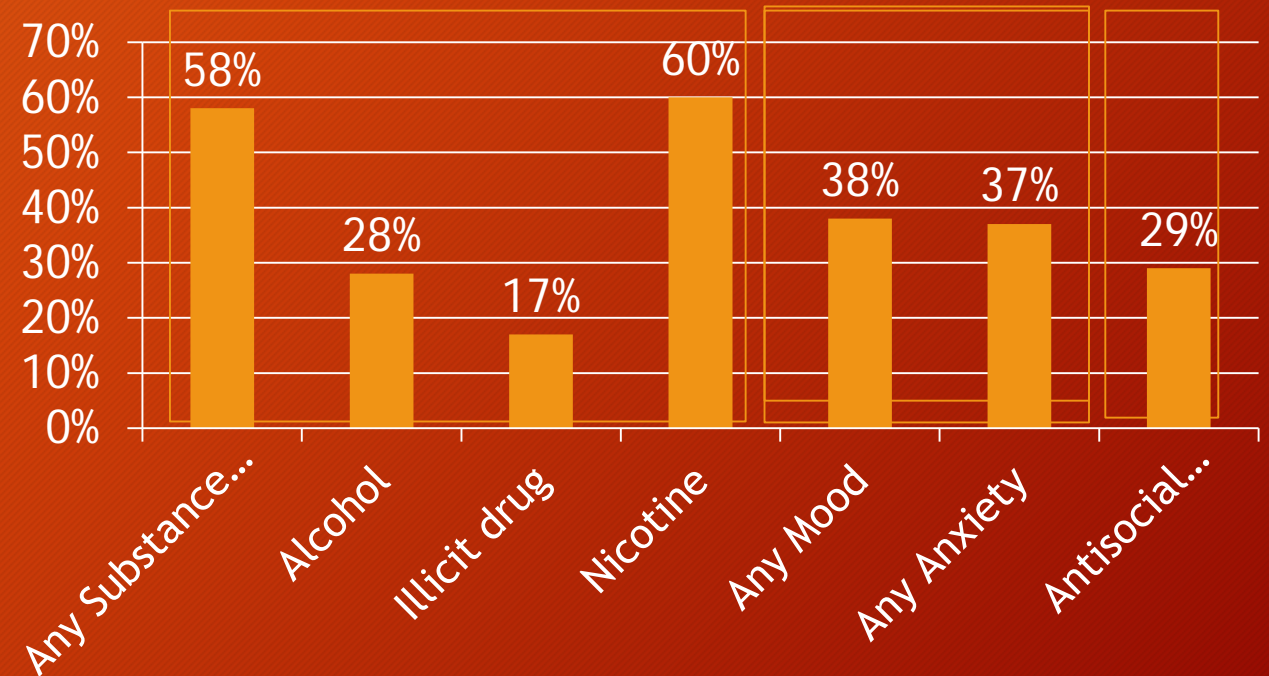


Figure 1. PRISMA flow diagram.

Comorbidity is common in community samples of problem gamblers

- Lorains et al, 2011 Meta analysis
- 11 studies
 - 6 United States
 - 2 Canada
 - 2 Switzerland
 - 1 Korea
- Results quite variable

Comorbidity Rate Among PGs



Comorbidity and multiple comorbidity is the rule, not the exception

NCRG-Funded Research

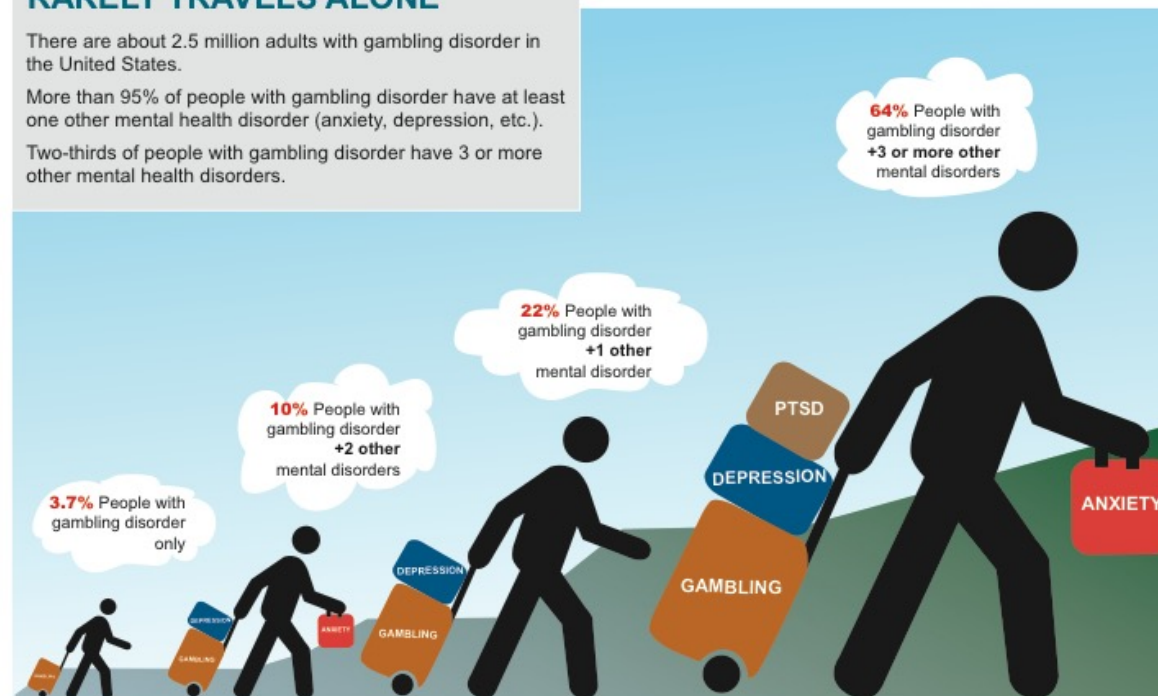


GAMBLING DISORDER RARELY TRAVELS ALONE

There are about 2.5 million adults with gambling disorder in the United States.

More than 95% of people with gambling disorder have at least one other mental health disorder (anxiety, depression, etc.).

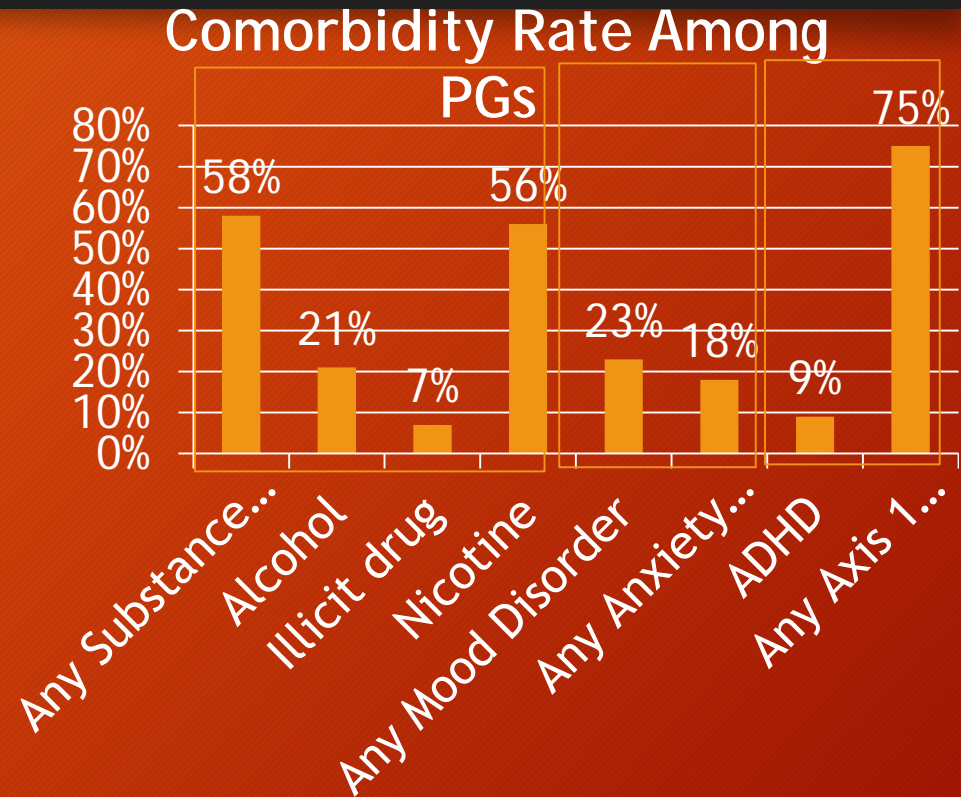
Two-thirds of people with gambling disorder have 3 or more other mental health disorders.



The data presented show rates of co-occurring disorders in the ~1% of adult Americans who have gambling disorder. The data comes from the landmark mental health study, the National Comorbidity Survey Replication, conducted by Harvard Medical School and funded by the National Institutes of Mental Health.

Comorbidity is common in treatment samples

- Dowling et al . 2015 Meta analysis
- 36 studies
 - range from 4 to 26 studies per disorder
- Not consistently higher than community samples



Does comorbidity matter?

- Clinical picture: Related to more severe gambling problems, other psychosocial problems, impulsivity
- Assumption: Rockier recovery, more dropout, poorer gambling treatment outcomes

Case Study - Chris

- Age 25
- Self-employed - sales
- Internet poker gambling
- Major debts
- Phase of life issues - anxiety, depression
- Alcohol problem
- "escape gambler"
- Cognitive errors - "gambling is a solution" belief

- Plus – many cognitive justifications
 - I will only play a few hands
 - I will limit myself to \$30.
- Treatment Process – Seven sessions
 - Motivational enhancement “incompatibility with self-image”
 - Monitoring Success and Failures
 - New activities, avoiding cues to gamble
 - Functional Analyses

Cognitive analysis and restructuring

Discussion with Dad about money – 11am

↓
Few Drinks at lunch

↓
I'll only play \$30. – maybe I'll win
enough to make a payment

↓
5 hours of play- \$400.

Outcome

- Success?
- Quit gambling
- Still drinking heavily, but not more and not linked to gambling situations
- Longer term follow-up?

The data

- Treatment effectiveness overall
 - Consistently positive and growing evidence-base
 - Cognitive-behavioural treatments
 - Motivational Interviewing
 - Brief Treatment
 - Online Treatments
 - Naltrexone (not approved)
 - Impact of comorbidity on these outcomes?
 - Little studied
 - Recommendation #1

Does having a comorbid disorder or two affect how well you do in treatment?

- Dowling 2016 review
 - 21 treatment studies that looked at one or more comorbid disorders
- Mood - of 12 treatments, only 2 shows a negative effect
- Alcohol Use Disorder - of 11 studies only 3 showed negative impact
- Anxiety Disorder - of 12 studies only 1 showed a negative impact
- Personality Disorders - 1 study, no effect

Interpretations

- Very meager data base
- One plausible interpretation is that people make sensible decisions about where to present for treatment - people choosing gambling treatment are managing the other issues reasonably well
- Need to study impact of gambling disorder on mental health and SUD treatment
- Gambling Disorder rates are high in these patient groups.
 - Cowlshaw et al. 2014 meta analyses- 25 studies of substance treatment samples
 - Gambling Disorder- 14%, Problem gambling 23%

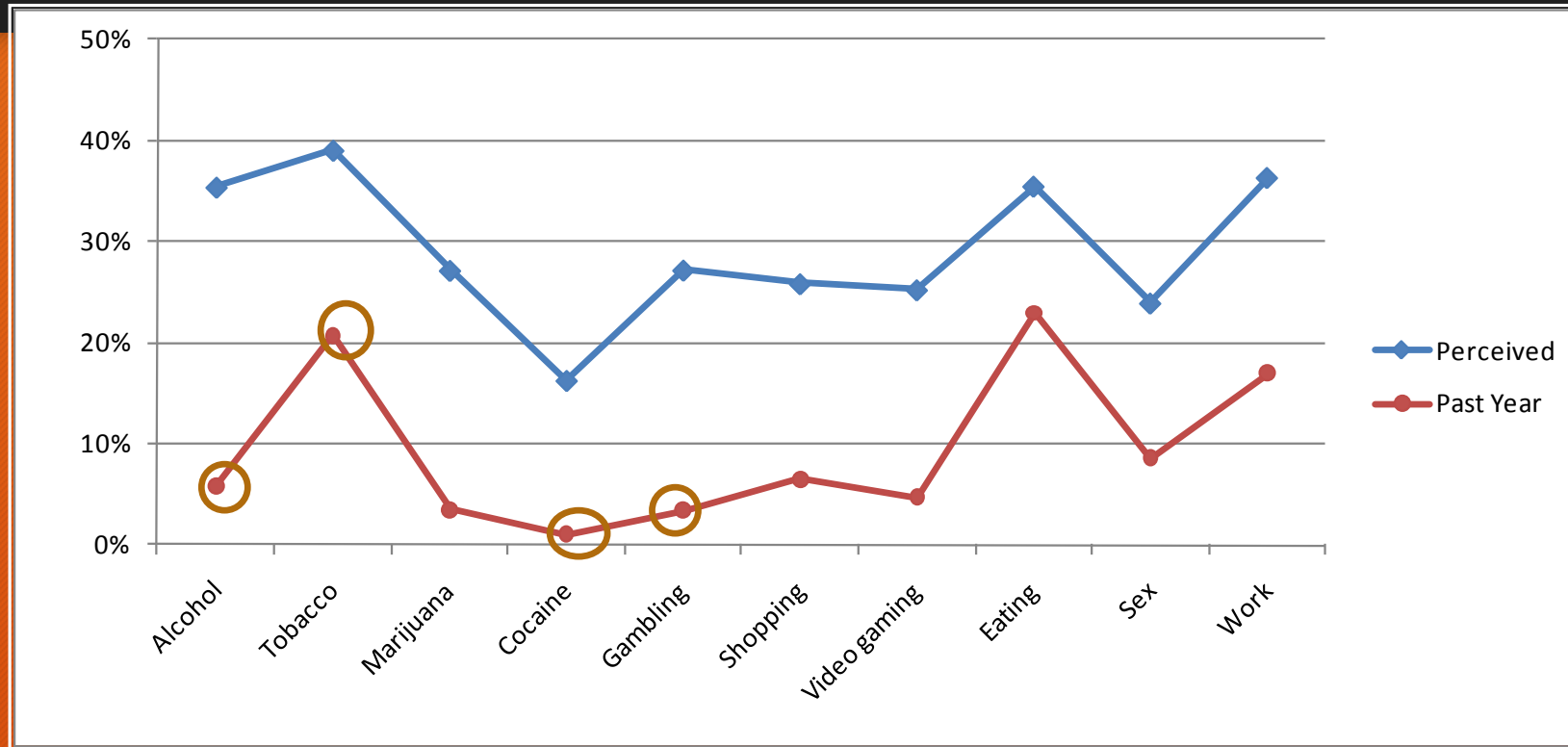
Implications

- Clinicians (and researchers) tend to overlook issues/ disorders that are not the focus of their treatment programs
 - Education
 - Routine screening/structured assessment
 - Brief Screener for Behavioural Addictions (BSBA), PROMIS
 - Assessing Brief Intervention Efficacy
- Need to better understand patterns of co-occurrence to know where to put resources

Understanding patterns of co-occurrence (example from addictions)

- Where will gambling problems show up in numbers large enough to screen?

Problem Prevalence and Perceived Problem Prevalence in Alberta (N = 6000)

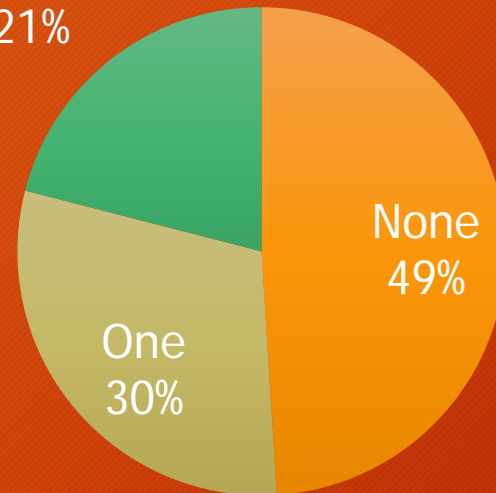


Konkolý Thege, B., Colman, I., el-Guebaly, N., Hodgins, D., Patten, S., Schopflocher, D., Wolfe, J., & Wild, T.C. (2015). Substance-related and behavioural addiction problems: Two surveys of Canadian adults. *Addiction Research and Theory*, 23(1), 34-42.

What about comorbidity?

- Past Year problems?

Two or
more
21%



What about comorbidity?

Past Year Problems (N = 2728)- 7 problem clusters

Smokers (pure)

Problem eaters (pure)

Workaholics (pure)

Shopping (plus 1-2)

Sex Addicts (plus 1-2)

Video games (plus 1)

Mixed-addicts (2-3)

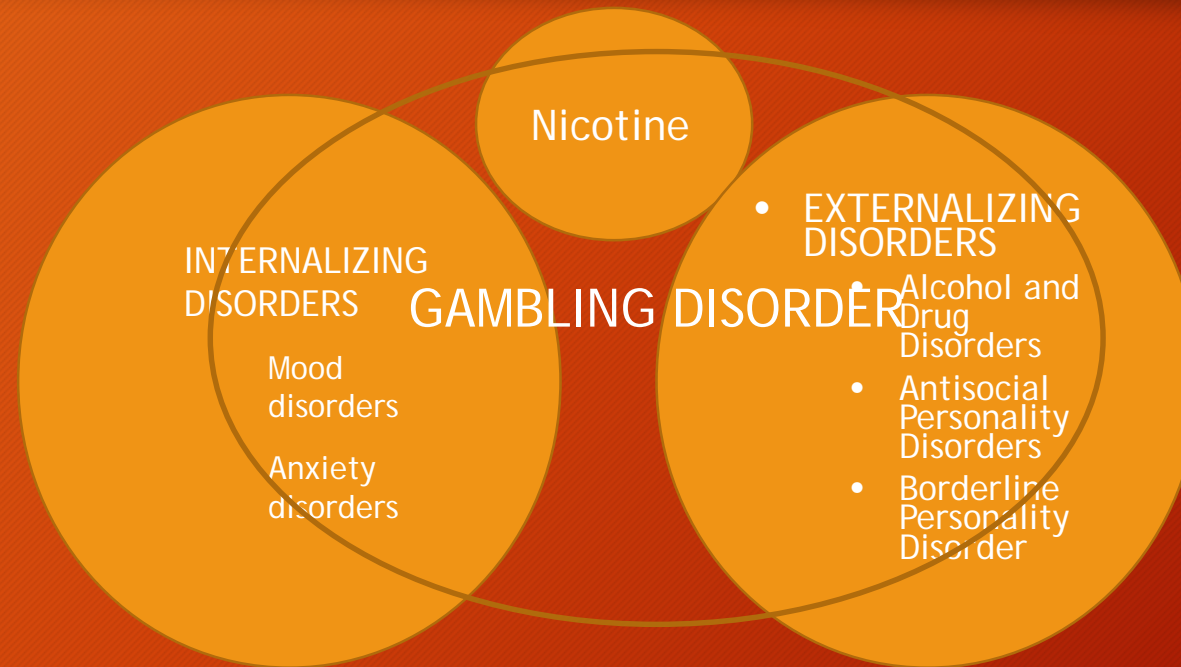
Conclusions

- Half the respondents had a problem (half did not)
- Mix of “pure disorders” and mixed-addiction
 - Eating, Work, Smoking can be pure disorders
 - Sex, video and shopping tend to have other problems
 - Substances tend to have most other problems
 - Gambling is comorbid
 - $M = 3.4$ problems ($SD = 2$)
- Behavioural and substance problems may group differently than we expect, which may have implications for organizing treatment

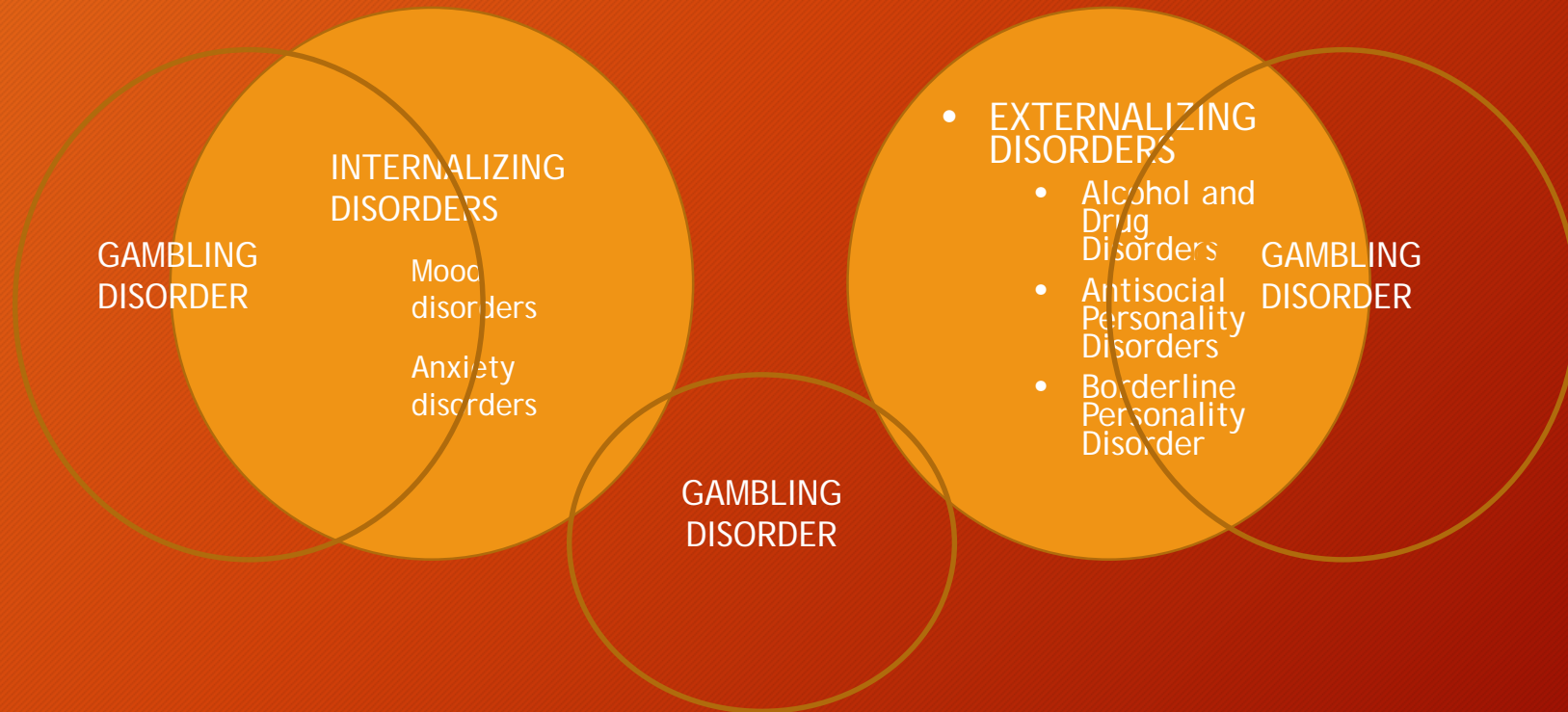
Possible Etiological Models

- Gambling as an escape - people with mental health disorders attempt to self-medicate the dysphoria
- Substance use disorder may trigger gambling disorder via neuroadaptation in brain reward circuits that lead to other disorders (precipitation model)
- Gambling arousal and distress cause mental health symptoms such as anxiety and depression (secondary disorder model)
- An underlying factor causes both disorders (third factor model)
 - Impulsivity, reward deficiency syndrome, emotional dysregulation deficit
- Addiction Syndrome Models (e.g., Shaffer)

Subtypes of Gambling Disorder



Subtypes of Gambling Disorder



Scoping Summary & Conclusions

- Most of the research to date has focused on prevalence of comorbidity of gambling and other disorders in community samples and in gambling and substance treatment clients
- Comorbidity is linked to more complicated problems
- No clear evidence that gambling treatment is ineffective with comorbidity

Scoping Summary & Conclusions

- Screening for comorbidity in gambling treatment is important but perhaps more important is screening in mental health and substance treatments
 - How to intervene in efficient and effective ways is unclear

policy paper

Addressing the Needs of Problem Gamblers With Co-Morbid Issues: Policy and Service Delivery Approaches

Kathya Martyres¹ & Phil Townshend²

¹ Department of Justice & Regulation, Melbourne, Victoria, Australia

² Drug and Alcohol Rehabilitation Asia (DARA), Koh Chang, Thailand

- Gambling treatment is relatively isolated from mental health, substance abuse and social services in many jurisdictions
- Funded a “cross-sector collaboration” to have PG services develop collaborative relationships with other sectors.
- “no wrong door” approach-

Goals and strategies

- Outreach to “other sector” services already engaged with clients
 - Secondary consultations to clinicians
 - Single sessions with PG counselor
 - Co-counselling sessions
 - Co-location- PG counsellors spend time at another agency

Follow-up survey (18 designated staff)

- Success
 - Establishing positive relationships with other agencies (94%)
 - Up-skilling staff in other agencies to provide PG interventions (78%)
 - Providing secondary consultation (72%)
 - Uptake of screening questions in other agencies (61%)

- Most difficult strategies to implement
 - Providing co-counselling or single sessions in other agencies (69%)
 - Co-location (62%)
 - Providing outreach to agencies with the primary relationship with the client (56%)
- Barriers
 - Lack of appreciation of PG as an issue (67%)
 - Lack of engagement from other agencies (33%)
 - Lack of authority to approach other agencies (33%)
 - Limited peer support (feeling isolated) (33%)

